



Aurora Family YMCA
a branch of the Heritage YMCA Group

YMCA Swim Lessons at Fermilab - Summer 2006

Fermilab Employee's Name _____

Employee's ID Number _____

Home Address _____

City/State/Zip _____

Employee's Email Address _____

(Please circle the telephone number to be called in case of class cancellations)

Home Phone _____ Work Phone _____ Emergency Phone _____

(Please Print)

Session	Class Time	Child's First Name	Birth Date	Fermilab Day Camp ?	Fermilab Day Care?	Relationship to Fermilab Employee (Son or Daughter?)	COST

Payment: Cash Check # _____ (CHECKS PAYABLE TO: Aurora Family YMCA)

TOTAL PAID _____

Charge # _____ Type _____ Expiration Date _____

Participant or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Heritage YMCA Group, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

Employee Use:

Today's Date _____

Employee's Initials _____

Signature of Parent or Guardian

5/2000